

Work Order ID 124459

September-11-14 12:06:30 PM

124459

Page 1

Item ID: D3560-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Arm

Stop

NS2

Start Date: 9/10/14

Start Qty: 5.00

5

Cust Item ID:

Required Date: 9/10/14

Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 14-09-17 Tooling: _____ Date: _____

Run Start

NR1

QC:

Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							DAS 14 9-89
100	BAND SAW								
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	Cut blanks 16.750" long								
110		0.00							DAS 14 9-89
110	HAAS CNC VERTICAL MACHINING #1								
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1- Mill as per Folio FA693 Rev: <u>AA</u> & Dwg D3560 Rev: <u>D</u> 2-C'sink 0.196" hole on manual mill as per dwg D3560 3-Deburr per dwg D3560								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							DAS 14 9-89
120	Memo	0.00							
QC									
Quality Control									

*121

Conv. Milling

C' Sink \varnothing .385 x 100°

5 8

J.C.L.

14/09/29

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. _____	Suspected <input type="checkbox"/>	Unapproved <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	
Supplier <input type="checkbox"/>							Other <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
		<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced					
		<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up					
		<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure					
		<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld					
		<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled					
		<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other					
		<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge						
		<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread							
		<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set							
		<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration							
		<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence							

Work Order ID 124459

September-11-14 12:06:30 PM

124459

Page 2

Item ID: D3560-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Arm

Stop

NS2

Start Date: 9/10/14

Start Qty: 5.00

5

Cust Item ID:

Required Date: 9/10/14

Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

DAS

130

QC

Memo

0.00

5 d 14-10-29

Quality Control

210

Identify as per dwg & Stock Location: WA003

0.00

210

Packaging

Memo

0.00

5 M0 14/09/30

Packaging

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Memo

0.00

M0 14-10-01

Quality Control

M0 14-09-30

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube
 Machining
 Thermoforming
 Large Fab

Crosstube
 Small Fab
 Finishing
 Composite

Water Jet
 Prod. Eng. Coor.
 Rec/Store/Packaging
 Supplier

Engineering
 Quality
 Other

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General													
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced									
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up									
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure									
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld									
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled									
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other									
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge										
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread											
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set											
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration											
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence											

Picklist Print

September-11-14 12:06:29 PM

Page 1

Work Order ID: 124459

124459

Parent Item: D3560-1

D3560-1

Parent Item Name: Arm

Start Date: 9/10/14

Required Date: 9/10/14

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A 13.06.03 PER DWG REV.D DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6B0.500X05.00 0		Purchased	No			f		20.8210		8			

M6061T6B0 500X05 000

6061-T6 Bar .500 x 5.00

**

Location	Loc Qty	Loc Code
MAT001	20.821	
→ m127323	5	
↳ m129449	15.821	

DAS

14

9-89

3
4.5

mark 14/09/27

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date: _____

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General					
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Set-up
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>	
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>	
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>	
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>	

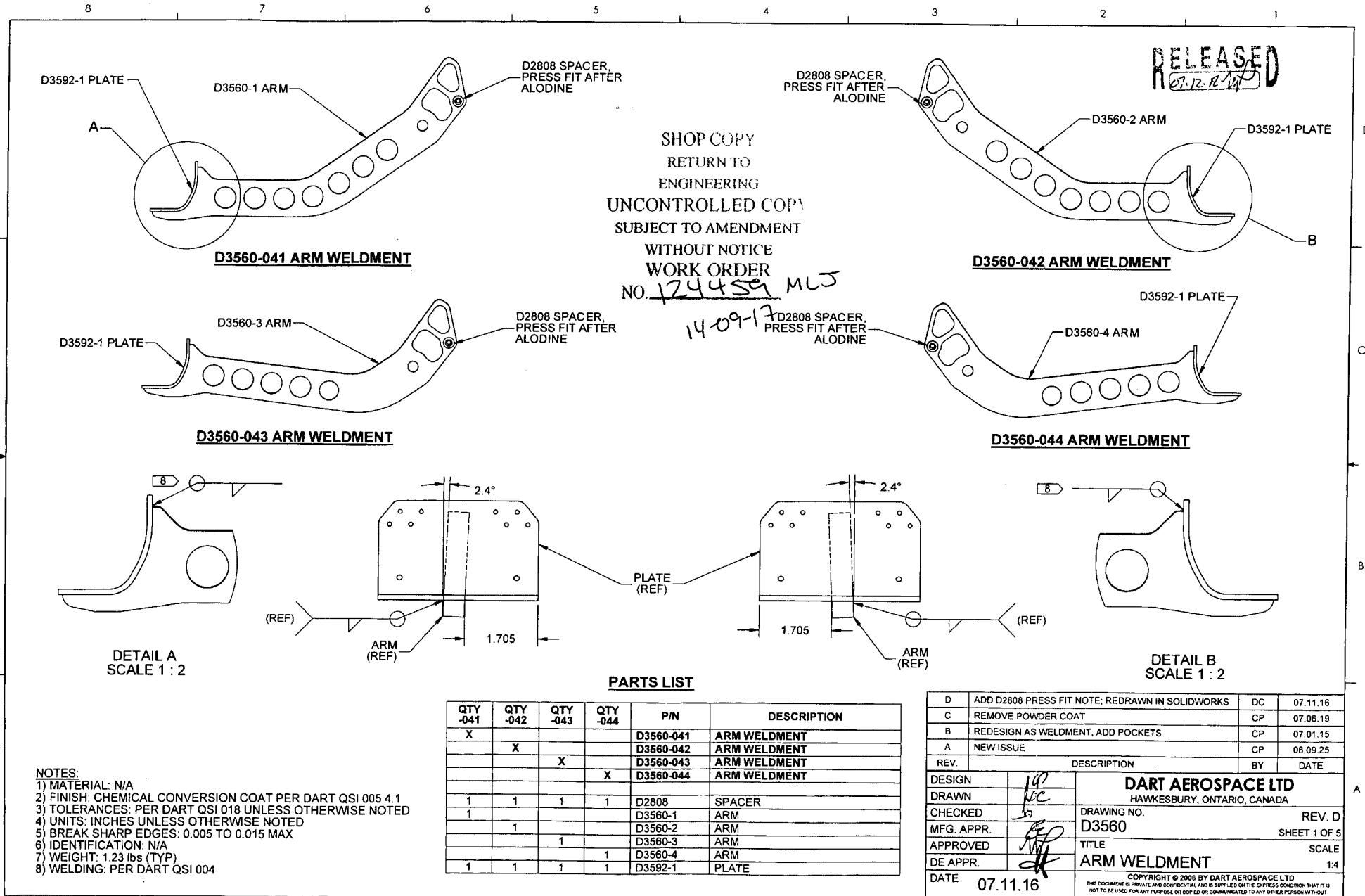
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Description: Arm	Part Number:	D3560-1
Inspection Dwg: D3560	Rev: D	Page 1 of 1

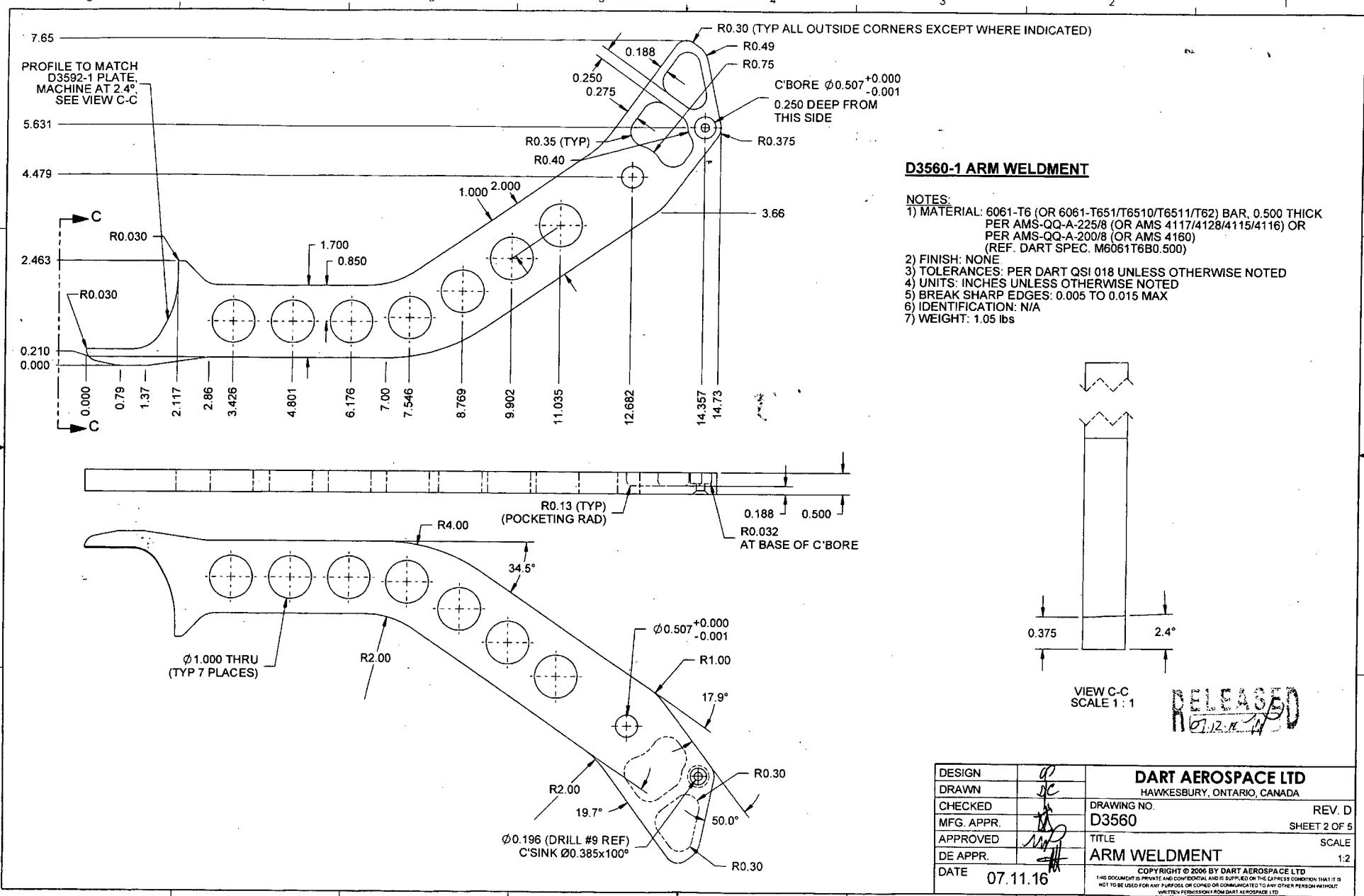
FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

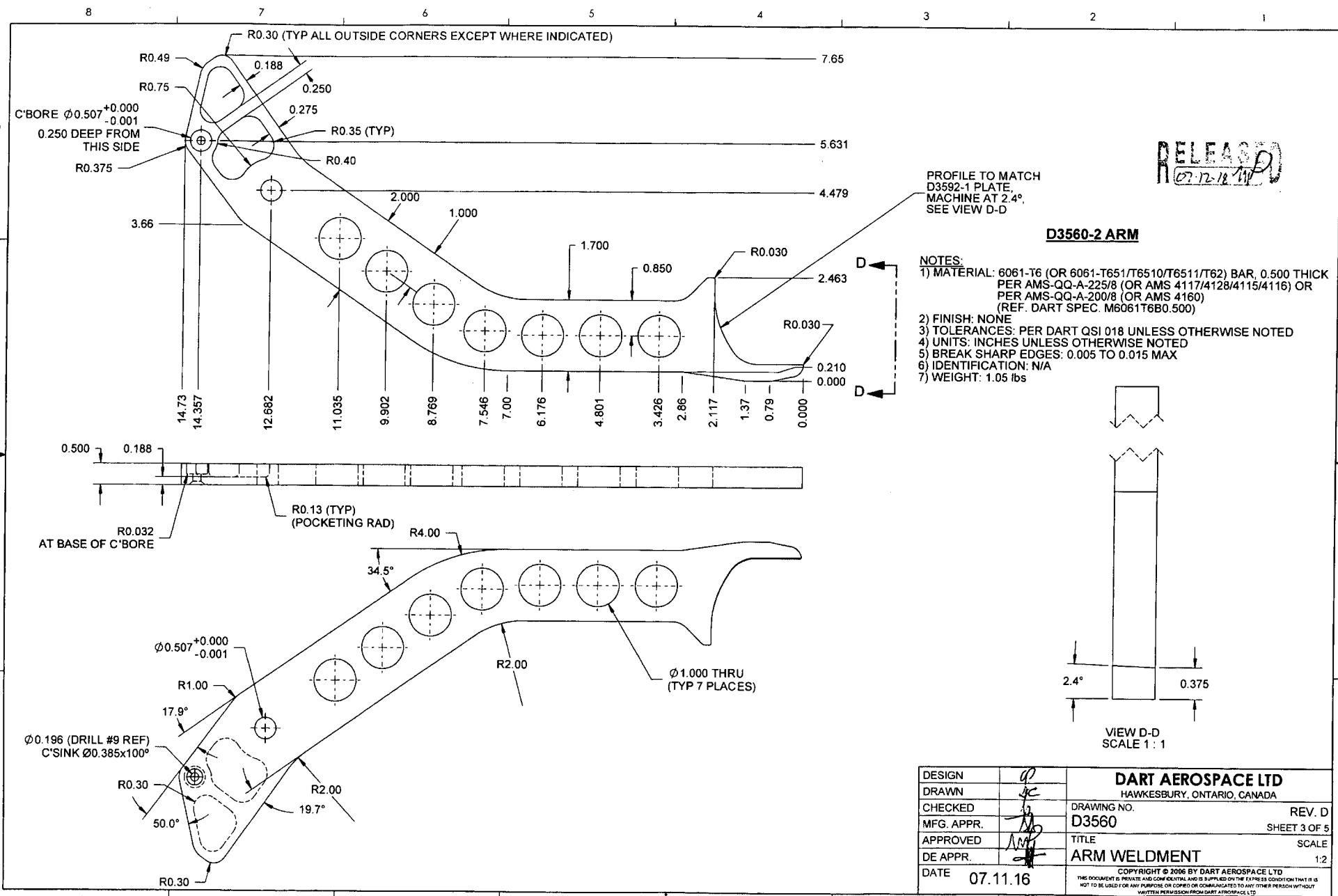
Measured by:  DAS 14	Audited by:  DAS 13	Prototype Approval: N/A
Date: 14/09/29	Date: 14/09/29	Date: N/A

Rev	Date	Change	Revised by	Approved
A	07.01.17	New Issue P/O D3560-041	KJ/JLM	
B	07.06.13	Dimensions updated per Dwg Rev B	KJ/JLM	
C	08.07.24	Dwg Rev updated	KJ/DD	





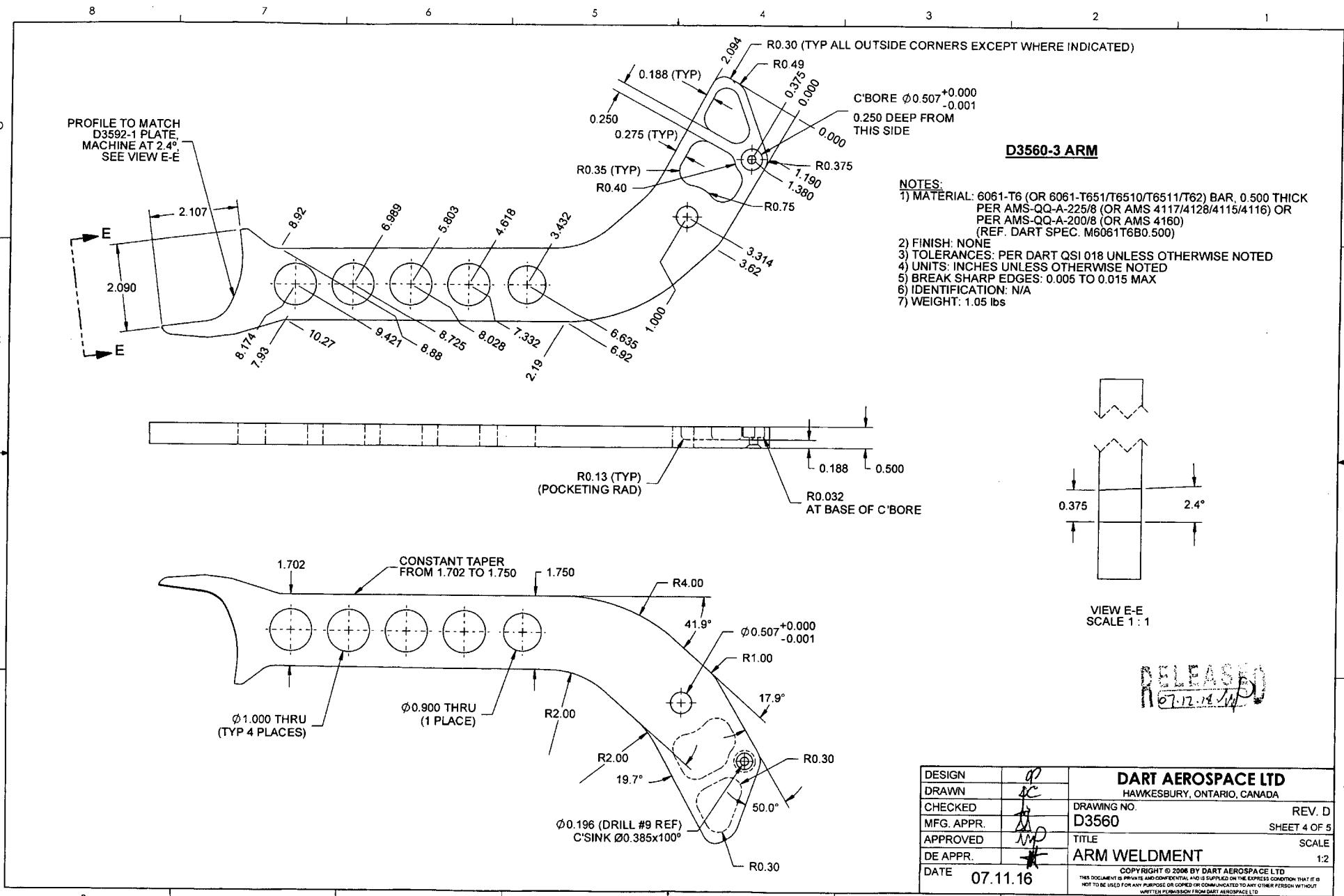
DESIGN	<i>DP</i>	DART AEROSPACE LTD			
DRAWN	<i>DC</i>	HAWKESBURY, ONTARIO, CANADA			
CHECKED	<i>AM</i>	DRAWING NO.			
MFG. APPR.	<i>AM</i>	REV. D			
APPROVED	<i>AM</i>	SHEET 2 OF 5			
DE APPR.	<i>AM</i>	TITLE			
DATE	07.11.16	SCALE			
ARM WELDMENT					
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DRAWN	4C	HAWKESBURY, ONTARIO, CANADA
CHECKED	13	DRAWING NO.
MFG. APPR.	13	REV. D
APPROVED	MAP	D3560
DE APPR.	MAP	SHEET 3 OF 5
DATE	07.11.16	ARM WELDMENT
SCALE	1:2	

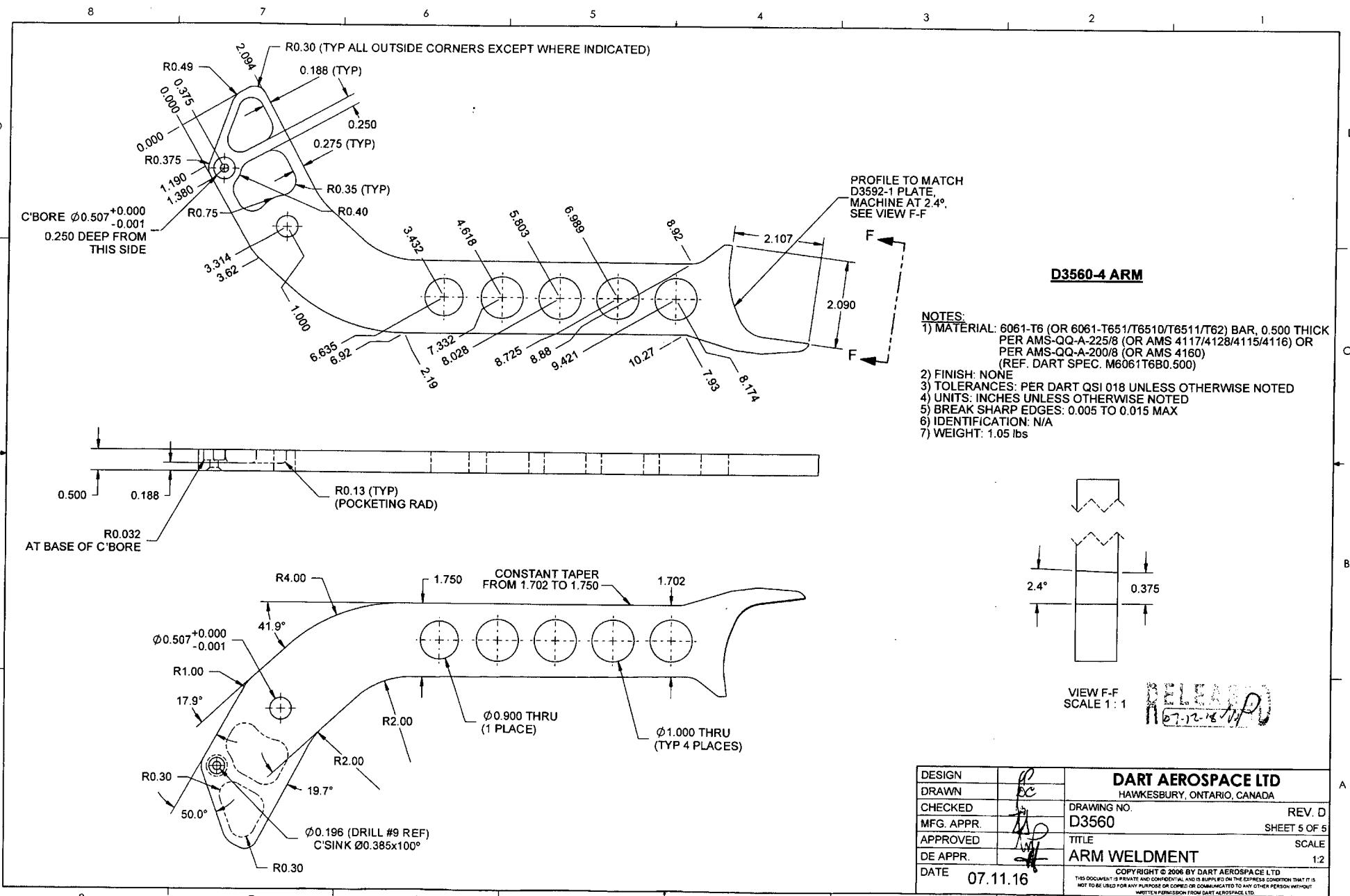
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MFG. APPR.	11	D3560	SHEET 4 OF 5	
APPROVED	MP	TITLE	SCALE	
DE APPR.	11	ARM WELDMENT	1:2	
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DRAWN	<i>DC</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>SP</i>	DRAWING NO.	
MFG. APPR.	<i>AP</i>	D3560	
APPROVED	<i>W</i>	REV. D	
DE APPR.	<i>W</i>	SHEET 5 OF 5	
DATE	07.11.16	SCALE	1:2

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